

Application Data Sheet

Application Information

Application number:: 10/561,236
Filing Date:: December 19, 2005
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: YES
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: IMMUNOGENIC COMPOSITIONS FOR CHLAMYDIA TRACHOMATIS
Attorney Docket Number:: 002441.00183 PP020662.0006
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 11
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Guido
Middle Name::
Family Name:: GRANDI
City of Residence:: Emeryville
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: ~~Chiron Corporation, P.O.Box 8097~~
Novartis Vaccines and Diagnostics, Inc
4560 Horton Street

City of mailing address:: ~~Emmerville~~ Emeryville
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94662-8097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Oretta
Middle Name::
Family Name:: FINCO
Name Suffix::
City of Residence:: ~~Emmerville~~ Emeryville
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: ~~Chiron Corporation, P.O.Box 8097~~
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Postal or Zip Code of mailing address: 94662-8097

Applicant Authority Type: Inventor
Primary Citizenship Country: IT
Status: Full Capacity
Given Name: Giulio
Middle Name:
Family Name: RATTI
Name Suffix:
City of Residence: ~~Emmerville~~ Emeryville
State or Province of Residence: CA
Country of Residence: US
Street of mailing address: ~~Chiron Corporation, P.O.Box 8097~~
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State or Province of mailing address: CA
Country of mailing address: US
Postal or Zip Code of mailing address: 94662-8097

Applicant Authority Type: Inventor
Primary Citizenship Country: IT
Status: Full Capacity
Given Name: Alessandro Alessandra
Middle Name:
Family Name: BONCI
Name Suffix:
City of Residence: ~~Emmerville~~ Emeryville
State or Province of Residence: CA
Country of Residence: US

Street of mailing address:: ~~Chiron Corporation, P.O.Box 8097~~
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Correspondence Information

Correspondence Customer Number:: 27476

Representative Information

Representative Customer Number:: 27476

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	National Stage of	PCT/US2004/020491	25 June 2004
PCT/IB2004/020491	Non-provisional of	60/497,649	25 August 2003
PCT/IB2004/020491	Non-provisional of	60/576,375	01 June 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Great Britain	0315020.8	26 June 2003	Yes
Great Britain	0402236.4	02 February 2004	Yes

Assignee Information

Assignee name:: CHIRON CORPORATION NOVARTIS
VACCINES AND DIAGNOSTICS, INC

Street of mailing address:: 4560 Horton Street

City of mailing address:: Emeryville Emeryville

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing
address:: 94662-8097